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COUNTY COUNCIL OF BERWICK.



# ANNUAL REPORT

ON THE

Health and Sanitary Condition  
of the County and Districts,

BY

ANDREW A. MCWHAN,

M.B., B.Sc., D.P.H.

MEDICAL OFFICER OF HEALTH.

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YEAR, 1912.

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VICTORIA BUILDING, FOOT OF WEST STREET.



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# COUNTY OF BERWICK.

Report by the Medical Officer of Health  
for the Year 1912.

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*To the Local Government Board for Scotland; to  
the County Council of Berwick, and District  
Committees thereof.*

MY LORDS AND GENTLEMEN,

I have the honour to submit to you  
my Report on the Health, Vital Statistics, and General Sanitary  
Condition of the County of Berwick and its several Districts for  
the year 1912.

I am,  
My Lords and Gentlemen,  
Your obedient Servant,  
ANDREW A. MoWHAN.

ST. MARY'S,  
RESTON, 14th August, 1913.

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## Arrangement of Report.

The first part of this Report deals with sanitary features and statistics which are more or less common and of interest to the whole County. Each of the three Districts is subsequently treated in a section by itself. By this means needless repetition is avoided.

The Local Government Board, in exercise of the powers conferred by Section 15 of the Public Health (Scotland) Act, 1897, require that the Annual Report of the Medical Officer of Health of a District, for the year 1912, shall contain :—

- a.* A general account of influences and conditions injurious or dangerous to the health of the district, and of the measures that, in his opinion, should be adopted for its improvement.
- b.* A statement of the general enquiries he has made during the year, and of any special enquiries as to sanitary matters.
- c.* A general statement of any matters as to which he has given advice or granted certificates, including any action as to offensive trades.
- d.* A specific account of the administration of the Factory and Workshop Act, 1901, in workshops and workplaces, in terms of Section 132 of that Act, together with a tabular statement in the form issued by the Home Office.
- e.* An account of any proceedings under the Housing of the Working Classes Acts, 1890 to 1909, both as regards housing and town planning.
- f.* An account of any action taken under the Rivers Pollution Prevention Acts.
- g.* An account of the hospital accommodation available for persons suffering from infectious disease (including the means provided for the conveyance of such persons), and of the houses of reception, with observations of the furnishing, maintenance, administration, and adequacy of such accommodation, etc.
- h.* An account of the premises, with necessary apparatus and attendance available for the destruction or disinfection of infected articles (including the means for the conveyance and return of such articles), also of other processes of disinfection in use, with observations on the adequacy of such arrangements and processes.
- i.* An account of the action taken to prevent the outbreak and spread of infectious disease.

- j. A statement as to the causes, origin, and distribution of diseases within the district, and the extent to which the same have depended on or have been influenced by conditions capable of removal or mitigation.
- k. A statement of the measures adopted for the administrative control of pulmonary tuberculosis, with recommendations as to any further measures that might usefully be put in force by the Local Authority.
- l. An account of the prevalence of infantile mortality in the district, with suggestions for the reduction thereof. In districts where the Notification of Births Act, 1907, has been adopted, the Medical Officer of Health is requested to report on the working of the Act since its adoption, with an account of the measures taken and the results thereof.
- m. An account of the arrangements made for the carrying out of the Regulations under the Public Health (Regulations as to Food) Act, 1907, with a statement of the action taken under these Regulations.
- n. An account of the arrangements for the inspection of meat at slaughter-houses, shops, and elsewhere throughout the district.
- o. An account of any proceedings under the Sale of Food and Drugs Acts.\*
- p. An account of any proceedings under the Rag Flock Act.\*
- q. A tabular statement, in such form as the Local Government Board may from time to time direct—(1) of the cases of infectious disease notified in the district, and (2) of the infantile mortality within the district.

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\* Information under these headings is required only in cases where the Medical Officer of Health has been appointed Sampling Officer under these Acts.

### Acknowledgment of Assistance.

I have to record my indebtedness for information and help to the County Clerk and the District Clerks, and to Messrs. Coupland and Kinghorn, sanitary inspectors for the County and Burgh of Coldstream, for their great assistance.

## Events of the Year.

In the year 1911 the main event was the initiation of a scheme of medical inspection of schools.

In 1912 the events of outstanding importance consisted of the inauguration of sanatorium benefit under the Insurance Act, the drafting of a Report upon the Prevention, Detection, and Treatment of Tuberculosis in the County of Berwick, including the Burghs therein, as required by Circular No. 111, 1912, of the Scottish Local Government Board, and the commencement of compulsory notification of pulmonary tuberculosis.

The arrangements made last year for repaying the cost of diphtheria anti-toxin administered to cases of actual or suspected diphtheria and to contacts have worked smoothly, and another scheme for enabling medical practitioners to obtain bacteriological examination of specimens—to aid in the recognition of infectious disease—was inaugurated.

In the department of Vital Statistics, the Registrar-General for Scotland has taken over the allocation of transfer deaths and the preparation of mortality statistics. As these statistics are to be compiled in future for the various public health districts, they will prove of great service.

Under Section 14 of the Public Health (Scotland) Act, 1897, the Local Authorities for which I act have availed themselves of their powers, and have authorised me to act for them in all matters affecting school closure on account of infectious disease.

In this way an order by the Local Authority, necessitated by Article 30 of the Scotch Education Code, is not now required, and closure of the school can be secured without delay.

## Work, Present and Future.

Only the most necessary portion of a Medical Officer's routine could be overtaken, and that was only rendered possible by the kindness of the County Council and Secondary Education Committee in allowing me the services of a whole-time clerk, qualified in shorthand and typewriting.

The services of a Health Visitor are urgently required in connection with the prevention of tuberculosis and other infectious disease.



In connection with tuberculosis, the task of enquiring as to the origin of the cases, taking steps to prevent spread of infection, educating patients and those surrounding them to the precautionary measures required to obviate infection, searching out early cases, arranging sanatorium and other treatment for patients, supervising them continually, etc., is quite new.

Neither does this list exhaust the measures to be employed against the disease.

The housing of the people and the control of milk supplies are equally important.

During the year an unprecedented number of circulars and memoranda has been issued by the Local Government Board.

They include :—

*6th March, 1912.*—Housing, Town Planning, etc., Act, 1909. Closing and Demolition Orders.

*29th May, 1912.*—Parliamentary Grant for Sanatorium Purposes. Finance Act, 1911, and National Insurance Act, 1911.

*14th June, 1912.*—Application for Board's approval to various proposals under the Public Health and other allied Acts.

*18th June, 1912.*—Public Health (Pulmonary Tuberculosis) Regulations (Scotland), 1912.

*20th June, 1912.*—Rag Flock Act, 1911. Regulations under Section I (1).

*25th June, 1912.*—Notification of Pulmonary Tuberculosis (circular).

*15th July, 1912.*—Foot and Mouth Disease.

*30th July, 1912.*—Infectious Disease among Scholars at Schools attended by Soldiers' Children.

*October, 1912.*—Vital Statistics—Registrars' Returns.

*18th October, 1912.*—Circulars as to Ophthalmia Neonatorum, Acute Poliomyelitis or Infantile Paralysis, Cerebro-Spinal Fever.

*18th October, 1912.*—Report on Incidence of Ophthalmia Neonatorum in Scotland, by Dr. Dewar.

*5th November, 1912.*—Memorandum with respect to the Provision and Arrangement of Houses for the Working Classes.

*14th November, 1912.*—Schemes for Prevention, Detection, and Treatment of Tuberculosis.

Circulars and memoranda have also been issued by the Registrar-General, the Home Office, the Insurance Commissioners, and the Departmental Committee on Tuberculosis.

The most important of these are :—

A circular prepared by the Home Office with regard to duties of local authorities under the Factory and Workshops Acts.

Memorandum on Administration of Sanatorium Benefit in Scotland, issued by the Insurance Commissioners.

Interim Report on Tuberculosis by the Departmental Committee.

To become familiar with all these documents, apart from carrying out the suggestions embodied therein, was in itself no light undertaking.

### Population of the County.

The population of the County is, unfortunately, steadily diminishing. The following Table shows the populations taken at the census of 2nd April, 1911, the populations at the census of 1901, and the estimated populations, found by logarithms, at the middle of the year 1912.

TABLE A.—Population of County and Districts.

Population of	East District.	Middle District.	West District.	Total Landward Area of Berwick County.
Census 1901 -	9364	8648	6011	24,023
„ 1911 -	9017	8365	5705	23,087
Estimated to middle of 1912 }	8975	8330	5667	22,972

### Density of Population.

The area of Berwickshire, exclusive of the Burghs, is 291,732 acres or 455.83 square miles. The average density of population is 0.0790 persons to the acre or 50.6 to the square mile.

TABLE B.—Average Density of Population.

East District	-	-	-	73.87 persons to the square mile.
Middle „	-	-	-	49.02 „ „ „
West „	-	-	-	34.86 „ „ „

### Births and Birth Rate.

443 births were registered in the County of Berwick during 1912 (being 4 more than in 1911), the resulting birth-rate being 19.2843 per 1000 of the estimated population.

The birth-rates for the census year of 1901, for 1906 and succeeding years, in each of the districts and in the County generally, have been as follows :—

TABLE C.—Birth-Rates, Berwickshire, 1901, 1906-1912.

Year.	East District.	Middle District.	West District.	County of Berwick.
1901	- 24.335 ..	21.048 ..	19.555 ..	21.063
1906	- 20.520 ..	19.488 ..	17.169 ..	19.312
1907	- 21.097 ..	19.670 ..	16.263 ..	19.384
1908	- 17.770 ..	19.972 ..	18.688 ..	18.80
1909	- 23.060 ..	20.749 ..	18.844 ..	21.18
1910	- 20.946 ..	19.743 ..	17.305 ..	19.6
1911	- 19.4272 ..	17.1093 ..	21.2392 ..	19.0339
1912	- 20.2785 ..	18.3673 ..	19.0577 ..	19.2843

### Deaths and Death Rate.

The deaths in the landward area of the County of Berwick during the year 1912 were 299 in number, as compared with 290 in the year 1911. The total of 299 is adjusted, *i.e.*, deaths which occurred within the County of those not usually resident therein are deducted, and others, whose ordinary residence was in the County but who died outside, are added.

The general County death-rate is 13.0158 per 1000 of estimated population, and, with the exception of the year 1908, is the highest since 1902.

District death rates for the year 1901 and the past six years are thus shown :—

TABLE D.—Death-Rates, Berwickshire, 1901, 1906-1912.

	East District.	Middle District.	West District.	Berwick County.
1901	- 14.200 ..	13.299 ..	12.812 ..	13.6535
1906	- 13.239 ..	12.411 ..	11.099 ..	12.420
1907	- 13.657 ..	12.250 ..	10.491 ..	12.362
1908	- 13.857 ..	13.118 ..	12.165 ..	13.170
1909	- 12.485 ..	12.212 ..	12.266 ..	12.332
1910	- 13.926 ..	12.300 ..	10.600 ..	12.18
1911	- 12.8774 ..	13.4003 ..	10.8829 ..	12.5737
1912	- 13.3704 ..	13.6854 ..	11.4699 ..	13.0158

### Infantile Mortality.

33 deaths of children under one year of age took place in 1912. Of these deaths, 20 were in the East District, 6 in the Middle, and 7 in the West District.

The following table shows, in form similar to those presented above, the infantile mortality rate (number of deaths under one year per 1000 births) in the three Districts and the County generally, for the census year 1901, and since 1906.

TABLE E.—Infantile Mortality, Berwickshire, 1901, 1906-1912.

	East District.	Middle District.	West District	County of Berwick.
1906	- 86.0215	78.3132	90.9090	84.2572
1907	- 47.3684	53.8922	75.2688	55.5555
1908	- 132.2314	82.8402	66.0377	93.4343
1909	- 73.1707	68.5714	114.2857	80.4123
1910	- 81.0810	72.2891	81.6326	77.9510
1911	- 80.0000	83.9160	49.5868	72.8922
1912	- 109.8901	39.2157	64.8148	74.4921

### Infectious Disease Death-Rates.

Instead of giving what is termed the zymotic death-rate I am giving the number of deaths from all infectious diseases (exclusive of diarrhœa) and the death-rates per 1000 of estimated population in the landward area of the County and in its various districts.

TABLE F.—Deaths from Infectious Disease, Berwickshire, 1912.

	East District.	Middle District.	West District.	Berwick County.
Enteric Fever	- 0	1	0	1
Measles	- 2	0	0	2
Scarlet Fever	- 0	2	0	2
Whooping Cough	- 1	1	0	2
Diphtheria	- 0	2	0	2
Influenza	- 3	3	1	7
Puerperal Fever	- 1	0	0	1
Pulmonary Tuberculosis	- 4	8	0	12
	11	17	1	29
Death-rate per 1000	- 1.22	2.04	.18	1.26

## Deaths caused by Tubercular Disease.

18 deaths from tubercular disease were registered in the County generally during the year, of which 12 were ascribed to pulmonary tuberculosis and 6 to other forms of tubercular disease.

TABLE G.—Deaths due to Tubercular Disease.

	East District.	Middle District.	West District.	County of Berwick. TOTAL.
Deaths from Pulmonary Tuberculosis - - -	4	8	0	12
Death-rate from Pulmonary Tuberculosis - - -	.44	.96	0	.52
Deaths from other forms of Tubercular Disease -	3	2	1	6
Death-rate from other forms of Tubercular Disease - - - - -	.33	.24	.18	.26
Total Tubercular Death- rate - - - - -	.78	1.20	.18	.78

The death-rates given are calculated per 1000 of estimated population.

## Vital Statistics.

The figures just quoted are taken from the Returns of Births and Deaths printed at the end of this Report. These returns, up to and including the year 1911, constituted part of the official returns which had to be sent in by Medical Officers of Health to the Local Government Board, and it was from these returns that the Statistics of Sickness and Mortality in the various Counties and Burghs of Scotland, as published in the Board's Annual Report, were compiled.

Other statistics of a similar nature were prepared by the Registrar-General.

In lieu of these systems a new arrangement has been come to whereby the Registrar-General will undertake the publication of the Vital Statistics for Scotland.

These statistics will be produced for Burghal and County Public Health Districts, and under the new system they should be more reliable than those produced locally, as the Registrar-General will have at his disposal complete information to enable him to make corrections of death rates in respect of deaths of non-residents.

For the year in question, however, the Registrar-General's office does not expect to have statistics ready until the end of 1913, so that as the absence of these figures detracts from the value of a Public Health Report, I have prepared them this year as formerly.

For the year 1913 it is probable that such statistics will be issued in time for inclusion into the Annual Report.

### Notified Cases of Infectious Disease.

In Table H is shown the number of cases of infectious disease notified in Berwickshire during 1912. The cases are classified according to (a) District, (b) Nature, (c) Whether treated at home or in hospital, and (d) As to whether recovery or death resulted.

Particulars concerning Pulmonary Tuberculosis are not included, that disease being considered in a separate paragraph.

TABLE II.—Summary of Notifications—Berwickshire, 1912.

EAST DISTRICT.	Number Notified.	Home.		Hospital.		Total.	
		Recovered.	Died.	Recovered.	Died.	Recovered.	Died.
Enteric Fever -	2	1	0	1	0	2	0
Scarlet Fever -	18	10	0	8	0	18	0
Diphtheria -	11	2	0	9	0	11	0
Erysipelas -	4	4	0	0	0	4	0
—	—	—	—	—	—	—	—
	35	17	0	18	0	35	0
—	—	—	—	—	—	—	—
MIDDLE DISTRICT.							
Enteric Fever -	2	1	1	0	0	1	1
Scarlet Fever -	14	10	1	2	1	12	2
Diphtheria -	19	6	2	11	0	17	2
Erysipelas -	5	5	0	0	0	5	0
—	—	—	—	—	—	—	—
	40	22	4	13	1	35	5
—	—	—	—	—	—	—	—
WEST DISTRICT.							
Scarlet Fever -	4	0	0	4	0	4	0
Diphtheria -	5	1	0	4	0	5	0
Erysipelas -	2	2	0	0	0	2	0
—	—	—	—	—	—	—	—
	11	3	0	8	0	11	0
—	—	—	—	—	—	—	—

COUNTY OF BERWICK—  
LANDWARD AREA.

Enteric Fever -	4	2	1	1	0	3	1
Scarlet Fever -	36	20	1	14	1	34	2
Diphtheria -	35	9	2	24	0	33	2
Erysipelas -	11	11	0	0	0	11	0
	—	—	—	—	—	—	—
	86	42	4	39	1	81	5
	—	—	—	—	—	—	—

COLDSTREAM  
BURGH.

Enteric Fever -	2	1	0	1	0	2	0
Erysipelas -	1	1	0	0	0	1	0
	—	—	—	—	—	—	—
	3	2	0	1	0	3	0
	—	—	—	—	—	—	—

LAUDER  
BURGH.

Scarlet Fever -	1	0	0	1	0	1	0
	—	—	—	—	—	—	—
	1	0	0	1	0	1	0

### Infectious Diseases Notified since 1892.

The number of cases of notifiable infectious diseases notified each year since 1892 is shown in the following table:—

TABLE I.—Infectious Diseases since 1892 in County area.

	Scarlet Fever.	Enteric Fever.	Ery- sipelas.	Puer- peral Fever.	Diph- theria	Small- pox.	Typhus.	Total
1892 -	45	32	8	0	17	0	0	102
1893 -	94	15	16	1	24	0	0	150
1894 -	198	11	17	1	37	0	0	264
1895 -	86	10	12	1	23	0	0	132
1896 -	127	14	20	1	48	0	0	210
1897 -	90	24	13	0	41	0	0	168
1898 -	212	7	14	0	24	0	0	257
1899 -	95	10	12	0	35	0	0	152
1900 -	53	8	13	1	22	9	0	106
1901 -	63	6	14	1	35	0	0	119
1902 -	62	6	11	1	40	0	0	120
1903 -	54	3	14	3	42	1	0	117
1904 -	44	3	17	2	73	0	0	139
1905 -	51	1	15	0	19	0	0	86
1906 -	8	3	12	1	14	0	0	38
1907 -	40	3	10	2	16	0	0	71
1908 -	49	1	17	0	14	0	0	81
1909 -	119	6	24	1	59	0	0	209
1910 -	96	0	10	0	26	0	0	132
1911 -	115	2	10	0	20	0	0	147
1912 -	36	4	11	0	35	0	0	86



## Scarlet Fever.

A considerable diminution in the number of cases of scarlet fever occurred. The reduction was wholly in the East District, only 18 cases being notified there in 1912, as compared with 90 in 1911. Except in the Middle District, the disease was of a mild type. In the Middle District 2 died out of the 14 notified.

## Diphtheria.

Cases of diphtheria were notified from all the districts, and the number rose from 20 in 1911 to 35 in 1912. Of these cases 2 died. The Middle District again suffered severely, having 19 cases, with both deaths.

## Enteric Fever.

Two cases were notified in the landward districts in 1911. In 1912, four cases were notified and one died. Two of the cases occurred in the Middle District, and the death was in the Middle District. Two cases of enteric fever also occurred in the Burgh of Coldstream.

## Prevention of Infectious Disease.

The procedure with regard to cases of notifiable disease was described in my last year's report.

It is not very satisfactory, and any public health measures taken generally consist of a locking of the stable door after the horse has been stolen.

That more infection has not occurred must be ascribed to Berwickshire's good fortune and not to its preventive administration.

On any medical practitioner becoming aware of the existence of a case of infectious disease, the patient should either be removed to hospital or isolated at home without delay. In the event of removal to hospital all clothing and other infected articles should be removed with him for disinfection, and the house disinfected at once. Should the patient be isolated at home, frequent visits should be paid to ensure that the patient's friends maintain isolation and not allow him or her to mix with others, as so often happens.



Contacts and suspects should also be searched for. It is hopeless, however, with an inadequate staff to carry out such measures satisfactorily and without delay.

### **Disinfection.**

The Middle and West Districts and the Burgh of Lauder are partners in the Gordon Hospital Combination.

At this hospital is an efficient steam disinfecter, but little use is made of it.

The East District have no efficient means for disinfection.

### **Hospital Accommodation.**

The provision of accommodation for cases of general infectious disease and smallpox in the Middle and West Districts is very satisfactory. In the East District, however, no proper provision exists for the reception of smallpox cases, and additional ward accommodation is required for ordinary infectious cases.

### **Ambulance.**

Berwickshire is a County of long distances, and patients with infectious disease may have to be transported from 10 to 20 miles from their homes to the Isolation Hospital.

In mild weather and with mild cases the lengthy journey in a horse drawn ambulance is unlikely to have any prejudicial effect, but it is otherwise with severe cases, and particularly so in inclement weather.

The unsuitableness of a horse ambulance for rural districts is further accentuated when the carriage of clothing and bedding for steam disinfection is required.

To get over these difficulties, and especially to ensure the speedy and safe transit of severe cases, the use of a motor ambulance is becoming common. Amongst the authorities which employ them are the neighbouring Counties of Haddington and Roxburgh. Melrose Burgh and the Melrose and Jedburgh Districts of Roxburgh have used one since March,

1909. The West District of Haddington have had one for nearly three years. In both cases every satisfaction has been given, and the cases have been removed in about a third of the time taken by a horse ambulance, and with much greater comfort.

In Berwickshire a motor ambulance for the use of every public health area in the County would prove invaluable and economical, more especially as the County will now have to transport tubercular cases as well.

In the case of the East District, with its small accommodation for infectious cases and no proper provision for smallpox, any cases unable to be admitted to Millerton might easily be transferred to Gordon Hospital in such an ambulance, and smallpox cases could be transported to Smailholm Combination Hospital with equal facility.

### Diphtheria Anti-toxin.

Under the arrangements sanctioned by the Local Government Board, the numbers injected with diphtheria anti-toxin and the cost repaid to the doctors were as follows :

TABLE J.—Numbers Injected and Cost to Authorities.

	Year 1911.		Year 1912.	
	Number Injected.	Cost of Anti-toxin.	Number Injected.	Cost of Anti-toxin.
East District -	0	..	7	£1 5 4
Middle District -	9	£2 0 0	6	£1 3 11
West District -	0	..	1	£0 10 6
Burgh of Coldstream	20	£5 4 0	0	..
Burgh of Lauder -	1	£0 10 9	0	..

### Bacteriological Examinations.

The three districts in the County and the Town Councils of Coldstream and Lauder gave authority during the year for arranging to have the facilities of a bacteriological and research laboratory at the disposal of medical practitioners.

In many cases of doubtful sore throat the precise knowledge that diphtheria bacilli may be cultured from a swab taken from the throat of the patient affected is of great importance, especially in a county where diphtheria is infrequent.

For a similar reason, in many cases of uncertainty the settlement of the diagnosis of suspected enteric fever is a matter of almost supreme importance, as it leads to stringent precautions to obviate the risk of others contracting the infection.

An instance of that was seen in the last week of the year 1912 and the first week of 1913. A boy was notified on the last day of 1912 as suffering from enteric fever. Attention was directed to his mother, who appeared unwell, and afterwards to various members of the family. As a result, specimens of blood were taken and sent to the laboratory, where examination proved four others to have the disease.

The arrangements sanctioned by the Local Authorities included, for medical practitioners, the examination of diphtheria swabs for diphtheria bacilli, Widal's Test for suspected enteric fever and the examination of sputum for tubercle bacilli. In addition a general discretionary power was given to myself to cover other bacteriological examinations not included in the preceding list.

Arrangements were made with the Research Laboratory of the Royal College of Physicians. As that Laboratory was already making examinations for various practitioners in the County and for other authorities, and as every examination made would have to be debited for payment to the district or burgh in which the patient resided, some difficulty was experienced in planning a scheme that in practice would work without difficulty.

Dr. Ritchie, the Superintendent of the Laboratory, pointed out that difficulties arose in working a County scheme, in that it was sometimes difficult to distinguish between material sent in from private patients and that sent under the Public Health administration of the County, and I might have added that where specimens to be paid by the County were sent it was also difficult to make out to what authority in the County the examination should be charged.

It was ultimately arranged that the forms to be sent in with the specimens should include the name of the patient, the address, and also the parish of residence.

If the examinations were to be at County expense, these particulars had to be filled up by the doctor, otherwise the fee would be charged to the doctor's private account.

A letter was sent to each practitioner explaining this arrangement, which, since its inception, has worked with smoothness, the Laboratory being able to differentiate between private and public material and myself to decide to which district the fee should be charged.

A copy of the report on each specimen is posted to me by the Laboratory, and this enables the quarterly accounts, which are sent to me, to be checked and sent to the various Treasurers responsible.

As it was December before arrangements were finally made for all the Districts, only 8 specimens were forwarded to the Laboratory in 1912. Of these, 2 were sputa for tubercle, and the remainder throat swabs for diphtheria bacilli.

### **Epidemics and School Closure.**

This subject was referred to in my last report, and was very fully considered on pages 34-42 of my first annual report on Medical Inspection of Schools.

### **Control of Pulmonary Tuberculosis.**

During the year two important measures, aiding the control over this disease, came into operation, viz.,

- (1) its compulsory notification by medical practitioners on and after August 1st, 1912, under the Public Health (Pulmonary Tuberculosis) Regulations (Scotland) 1912 ;
- (2) and the commencement of sanatorium benefit under the Insurance Act, 1911, on July 15th, 1912.

Under the Infectious Disease (Notification) Act, 1889, the Middle and West Districts and the Burghs of Coldstream and Lauder had already scheduled Pulmonary Tuberculosis as a notifiable disease from January 1st, 1912.

In the East District the District Committee did not see their way in 1911 to schedule the disease, and so it only became notifiable in 1912 after August 1st.

### **Result of Notification.**

The result of notification is disappointing, only a small number out of the total cases in the County being notified.

In the landward districts of the County, and in the Burghs of Coldstream and Lauder, 32 cases of the disease were notified.

Of these 32 cases, no fewer than 25 were in an advanced stage of the disease; 4 were in a medium stage, and no particulars were obtained about 3. Of the 29 cases concerning whom definite information is at hand, the fact stands out that not a single one was notified in an early stage, when a cure of the disease might be effected.

Of the 25 late cases,

- 1 was dead on the doctor's arrival,
- 3 were moribund on the occasion of his first visit,
- 4 died within one month of notification,
- 2 died within two months of notification,
- 1 died within three months of notification,
- 1 died within six months of notification,
- 3 died within nine months of notification.

In such a chronic disease as pulmonary tuberculosis, when in cases ultimately fatal, months and even years often elapse between the earliest symptoms and death, the number of cases in the County must be far greater than 32. In my Tuberculosis Report I estimated that the total number of phthisical cases in the County, landward and burghal, was about 142. The proportion in my own area would, therefore, approximate to 118, of whom 32, or a little over the quarter, were notified.

### **Sanatorium Benefit.**

As practically all the cases notified were in an advanced stage of the disease, when recovery was hopeless, only one application for sanatorium benefit came from my areas. Treatment was too late, however, and the patient died in little over a month.

So far as this County is concerned, the efficiency of sanatorium benefit exists almost entirely on paper, and will probably remain so until the County tuberculosis scheme comes into operation, when definite measures will be adopted for the detection of early cases, capable of benefiting by such treatment.

By Section 60 (2) of the Insurance Act, Insurance Committees are authorised to obtain the advice and assistance of any

Medical Officer of Health, with the consent of his Council, in the exercise and performance of their powers and duties under the Act. The County Council agreed to permit me to attend the meetings of the Insurance Committee, should they so request, so that on that Committee asking my co-operation and help, I was able to be of assistance to them. The Insurance Committee also appointed me one of their interim medical advisers.

In one respect, however, I could not oblige them. That was to communicate to the Committee the notifications of pulmonary tuberculosis. Under the regulations made by the Local Government Board these notifications are to be regarded by the Medical Officer of Health as absolutely confidential, so that he is not at liberty to communicate their contents to any Committee.

The statement made to the December meeting of the East District Committee that notifications were notified to the Insurance Committee was, therefore, based on a misapprehension. In any case the Insurance Committee do not require such information, as under the proposed tuberculosis scheme all cases notified will be immediately visited, and when sanatorium benefit is required or desired the public health department will see that due application is made for it.

### Detection of Early Cases.

So long as the overwhelming majority of patients only come to the knowledge of the Medical Officer of Health in an advanced condition, the medical and other treatment afforded by sanatorium benefit will be of no avail in arresting the disease in such individuals, and of little use in preventing the spread of the disease among the people generally.

For arrest of the disease in the individual, the disease must be recognised and notified at a very early stage, even where only suspected and before an accurate diagnosis can be made. By the time a definite diagnosis of pulmonary tuberculosis is possible the patient has lost his best chance of recovery.

Early recognition is equally important from the preventive as well as the curative standpoint, as every early case which recovers may mean one case less to become a late case, and, therefore, a source of infection to others. Means must be taken to search out the early cases.



On notification of any case, the house should be visited in the same manner as cases of scarlet fever and diphtheria, to note the origin of the disease, possible contacts and suspected cases, and to take steps to prevent its further spread. As in infectious diseases such as those mentioned, we look for other cases to be infected in the members of the same family and in others who have been in contact with the patient, so in pulmonary tuberculosis the most likely persons to become infected are those who have been in contact with the patient. They should, therefore, be examined as a routine procedure, and not only examined but kept under observation for some considerable time.

It is important that the house be kept under observation, as in a disease of such insidious onset definite symptoms may not show themselves for some time.

In one instance, a woman was found who had been infected while nursing a relative, but who showed no signs of the infection until months after her relative's death. The initial symptoms were those of ordinary debility, and pulmonary tuberculosis was only diagnosed after the malady had obtained a firm grip of the patient.

It is to get such cases at the earliest moment that continuous supervision is required.

We may also expect that with the provision of medical benefit under the Insurance Act, suspected cases will be seen earlier, and trifling illnesses which might otherwise pave the way for tuberculosis will be brought under medical treatment and cured.

One difficulty arises in the detection of pulmonary tuberculosis at its earliest stage, as then the doctor may be able to detect no physical signs of diseased lung, however strongly he may suspect its existence.

I have been asked by some medical practitioners what should be done in such cases, as they could not be sure of their diagnosis, and therefore hesitated to notify.

The proper course, however, is quite clear. Early cases are curable; late cases seldom are, and it is much better for a patient to be suspected to have pulmonary tuberculosis brought under

treatment and recover his health, showing no signs of the disease than be allowed to wait until the disease can be confirmed by physical signs, when the patient's best hope of ultimate recovery has been lost.

The Departmental Committee on Tuberculosis classified pulmonary tuberculosis into six classes according to the stage of disease. The first of these classes was :—

“ Cases in which the disease can be diagnosed or is strongly suspected, but in which there is no evident impairment of the working capacity.”

All suspected cases should, therefore, be notified. With the existence of sanatorium benefit for insured persons and dependents of insured persons and the prospect of early treatment for others, there is every reason why a medical man should not wait for confirmation.

### **Tuberculosis Scheme.**

By the Finance Act, 1911, a sum of £1,500,000 was made available for the provision of or making grants in aid to sanatoria and other institutions for the treatment of tuberculosis.

Scotland's share of that sum has been fixed at £157,919, and that amount is to be distributed by the Local Government Board with the consent of the Treasury after consultation with the Scottish Insurance Commissioners. (Section 64 (1) of Insurance Act).

No grant will be given to any authority unless a complete scheme for the prevention, detection, and treatment of tuberculosis has been submitted to and approved by the Board.

In accordance with their Circular No. 111, 1912, the Local Government Board called on the various authorities to instruct their Medical Officers of Health to prepare a report on the requirements of their areas.

The circular stated that in Scotland all burghs containing, according to the Census of 1911, a population of less than 20,000, were, for the purposes of Part I of the National Insurance Act, to be held to be within the County. My Report, therefore, dealt with Berwickshire as a whole.



The principles of the suggested scheme included :—

- (1) Combination with neighbouring counties to appoint a Tuberculosis Officer whose duties, while mainly clinical, would also be preventive. He would be of special service in examining contacts and suspects for early or unrecognised cases of tuberculosis.
- (2) Combination with neighbouring counties and others to provide a sanatorium for the treatment and hygienic education of more particularly early cases.
- (3) The reservation of beds in Coldstream Cottage Hospital and Gordon Isolation Hospital, for the treatment of cases of pulmonary tuberculosis, especially for the better nursing of patients in an advanced stage of the disease who have no proper accommodation in their own homes, where they would constitute a dangerous source of infection to their friends and relatives.
- (4) The appointment of a woman Health Visitor for the County, whose duties would include the visiting of patients and contacts at regular intervals, educating patients to live so as not to risk infecting others, reporting on housing and other conditions favourable to the spread of infection.
- (5) Other measures such as
  - (a) Distribution of sputum flasks, chemical disinfectants, and leaflets of information regarding the prevention of the disease.
  - (b) Arrangements for the bacteriological examination of suspected sputum.
  - (c) Arrangements for disinfection by steam of infected bedding, clothing, etc.
  - (d) Arrangements for house disinfection by sanitary inspectors.
  - (e) Reconstruction of insanitary houses and enforcement of good ventilation.
  - (f) Inspection of cows, cowsheds, and dairies.

## Action by County Councils.

After the report and scheme for the prevention and treatment of tuberculosis had been approved by the County Council, a meeting of representatives of the County Councils of Berwick, Roxburgh, and Selkirk was held on 30th October at the County Rooms, St. Boswells.

The scheme drafted by the Medical Officer of Health for Roxburgh and Selkirk was substantially the same as my own, and the conference met to consider the advisability of co-operation for the purpose of appointing a Tuberculosis Officer and for providing a Sanatorium.

The conference decided that no action be taken in the meantime to appoint a Tuberculosis Officer, but that if afterwards such an officer were found to be necessary, then the three counties of Berwick, Roxburgh, and Selkirk should combine for the appointment.

With regard to the proposed Sanatorium, the conference unanimously resolved to recommend to their several County Councils that a combination should be arranged with the Counties of Midlothian, East Lothian, and Peebles, and that communication should be opened with these Counties forthwith—the County of Berwick requiring six beds, the County of Roxburgh ten, and the County of Selkirk five.

At the December meeting of the Berwickshire County Council, at which those recommendations were considered, it was also agreed to send representative to a Conference to be held by the Councils of the seven South Eastern Counties interested in the provision of a joint Sanatorium.

A meeting of the Insurance Committee was held during the same month, when the Chairman, Captain Balfour, detailed the proposals for a joint Sanatorium for the South Eastern Counties, and suggested that if the County Council were to undertake the scheme the County Council should have an assurance from the Insurance Committee that they would send their cases to that sanatorium. The suggestion was approved of, and the Clerk was instructed to write to the County Council assuring them of the support of the Committee.

Another meeting was held in Edinburgh on 14th December by the Medical Officers of Health of the counties entering into combination with a view to smoothing the way for the conference of representatives from the counties by submitting to them some concrete proposals on which the medical officers were themselves agreed. Three main points were agreed on, viz. :—

- (1) That for the convenience of the largest population, the sanatorium should be situated in the neighbourhood of Edinburgh.
- (2) That in addition to treating early cases, it should also accommodate late cases from the Lothians which had no hospital or other convenient place where they could be treated.
- (3) That the sanatorium should largely consist of cheaply constructed shelters, of an unpretentious nature.

No further action was taken in 1912.

### Treatment of Tuberculosis.

The prevention of the spread of tuberculosis is the privilege of local authorities. Treatment, however, is now shared between these authorities and the Berwickshire Insurance Committee.

One of the duties of the Insurance Committee is to arrange for the treatment of tuberculosis in insured persons. For this purpose the Insurance Committee are to make arrangements for providing treatment with persons or local authorities which possess sanatoria, institutions, or other means which can be used for treatment. They cannot themselves provide treatment.

While it is only incumbent on the Insurance Committee to provide treatment (sanatorium benefit as it is termed) for insured persons, they may extend this benefit to the dependents of insured persons. The Berwickshire Insurance Committee has done so.

It is provided by the Insurance Act (Section 17) that in the case of any estimated deficit in regard to sanatorium benefit the Government will bear one half of such deficit where local authorities undertake the other half. This arrangement would apply even though there was a deficit on the cost of treating insured persons only and not dependents.

As no treatment was provided for those who were neither insured nor the dependents of insured persons, it was then urged that schemes for the treatment of tuberculosis should relate to the whole community, and that, generally, they should be organised and carried out by the councils of counties and county boroughs.

In a letter, dated 31st July, 1912, to Mr. Henry Hobhouse, the Chancellor of the Exchequer stated these facts, and also that the Government had decided to place at the disposal of the Local Government Boards of the three kingdoms annually a sum of money which would represent approximately half the total estimated cost of treating the non-insured persons as well as the dependents of insured persons.

At the end of 1912 I understand there were less than 9,000 insured persons in the County. Taking 8,500 as an approximate number, the income of the Insurance Committee available for sanatorium treatment would be the product of 8,500 by 1s. 3d., the amount allowed per head for that purpose.

This sum would be £531 5s., out of which 6d. per head has to be deducted to pay the doctors for medical treatment at home in the case of insured persons. These sixpences would amount to £212 10s., so that only a sum of approximately £318 15s. remains for all other expenses in treating tuberculosis in insured persons and dependents.

£318 15s. will not go very far, however, towards paying for a tuberculosis scheme estimated to cost, when in working order, £1,495 per annum, including salaries of officials, travelling expenses, cost of sanatorium and hospital maintenance, domiciliary treatment, etc. Recourse will, therefore, require to be made to the rates and to the Exchequer.

### Housing of the Working Classes.

A considerable number of houses were inspected during the course of visits paid in connection with infectious disease, but time did not permit any steps to be taken for the amelioration of defects noted.

My duties as Inspector under the Housing and Town Planning Act have, therefore, lain in abeyance.

## Building Bye-Laws.

During the year the County Public Health Committee asked my opinion of a set of bye-laws which they proposed to advise the various districts to adopt. The Middle District also asked my advice on the same set. I advised that that particular set of bye-laws should not be adopted by any area in the County.

The bye-laws in question were drafted by another Scottish County and approved by the Local Government Board nearly two years before the passing of the Housing, Town Planning, etc., Act, 1909. Were they to be adopted by the County now, there would be a possibility of houses being altered or erected in conformity with the bye-laws, which would be considered by that Act as unfit for human habitation.

The bye-laws were also defective in that attention was paid to the drains and sewers but not enough to the essential element—the house itself. They would have permitted houses to be erected with insufficient lighting and ventilation, box beds, or beds in dark and unventilated corners, etc., and would have proved a hindrance in carrying out the housing part of the tuberculosis scheme.

If bye-laws are to be adopted they should at least secure that a house should be so built as to be dry, that it should have every facility for through and through draughts to allow of efficient ventilation, that the window spaces should be large to allow of every room being flooded with light, that the inside walls should be smooth and not exposed to damp, that dark recesses should not be permitted; and that proper means be provided for storing food, a necessity in country districts where several days' supply may have to be kept in stock.

The germs of tuberculosis luxuriate in warm, damp, badly-lit houses. They abhor sunshine and fresh air, and it is with a view to obtaining an abundant supply of both that healthful houses should be planned, and no building bye-laws should be thought of which do not insist on these essentials.

The Dunfermline District of Fife has submitted a proposed set of building bye-laws to the Local Government Board. It would be better to wait until these have been approved by the Board and then either adopt them or draft others, using the Fife bye-laws as a model.

## Milk Supply.

Medical statistics are rapidly accumulating a mass of evidence as to the harm wrought by unclean milk. The greater part of surgical tuberculosis in children is ascribed to direct infection by tubercle bacilli of the bovine type, transmitted through milk. Many authorities also believe that many cases of pulmonary tuberculosis owe their origin to tubercle bacilli ingested with milk and such foods.

Legislation with a view to obtaining a clean and wholesome milk supply is overdue.

At present cowkeepers, dairymen, and purveyors of milk are registered on application, but their premises are not registered. Regular and systematic veterinary examination of cows with a view to eliminating tuberculous animals is not made.

If registration and continuance on the register of dairymen and their premises were dependent on a report by the Medical Officer of Health that the dairy and the methods in use conformed to a set standard, that the employees were free from any liability to transmit disease, and that the veterinary and sanitary inspectors' inspections were satisfactory, there is no doubt that one main source of tubercular infection could be much diminished.

## Factories and Workshops.

These are visited at regular intervals by the Sanitary Inspectors, and occasionally by myself. Particulars as to the inspections will be found in a table in the appendix.

## Bakehouses.

I have not yet had an opportunity to visit any of the bakehouses in the County or Burghs.

## Vaccination (Scotland) Act, 1907.

The number of statutory declarations for exemption registered in the landward county and the burghs of Coldstream and Lander were 32, as compared with 19 last year.

## Pollution of Rivers.

The pollution of the River Whitadder by the effluent of Chirnside Paper Mill still occupies the attention of the sanitary officials. The pollution of the Whitadder by this mill may be said to be of historic interest, as it was reported in 1870 to the Royal Commission appointed in 1868 "to enquire into the best means of preventing the polluting of rivers." (Fourth Report, vol. ii., part iii., p.p. 212 et seq.).

During the year two complaints from a riparian proprietor were received by the County Council as to the foul condition of the river, due to its pollution by the mill. No action was taken, however, beyond further instructions by the County Council to keep the mill effluent and the river under observation.

On two occasions I visited the mill and was conducted over it by the manager to see the actual processes and improvements in operation.

On the 1st May I reported to the County Council that the river had been kept under observation, and that, under the new management, considerable changes had been effected in its economy, whereby a smaller proportion of solid materials passed to the settling ponds and the soda pollution was decreased; that the bleach sludge heap was in process of being carted away and that the manager stated it would not be allowed to accumulate in future, as it would be taken away at once, and that the discharge creek at the works end of the railway bridge had been taken off and a dumb flange substituted.

At a visit paid to the mill on 7th October, a new catch-pit for alkali from the floor of the grass-boiling room and from cement nests below the alkali-pipe joints was found in operation. The liquor was stated to be used oftener, and in the alkali recovery process two rotary roasters instead of one were in operation and also the whole set of evaporators. The liquid going through the settling tanks was certainly much less in amount and less fibre was escaping. I consider that a real attempt has been made by the mill management to lessen pollution. The area of the settling tanks for the precipitation of solids is, however, much too small.



## DISTRICT REPORTS.

### Comparative Vital Statistics, Berwickshire, 1912.

		East District.	Middle District.	West District	Berwick- shire. Total.
Population, Census	1901	9,364	8,648	6,011	24,023
"	"	1911	9,017	8,365	23,087
" estimated at middle of	1912	8,975	8,330	5,667	22,972
Acreage,		78,043	109,108	104,581	291,732
Persons to the Acre		0.115	0.077	0.055	0.079
Registered Births		182	153	108	443
Birth-rate per 1000		20.278	18.367	19.057	19.284
Registered Deaths (adjusted)*,		120	114	65	299
Death-rate per 1000 (adjusted),		13.370	13.685	11.469	13.015
Deaths under 1 Year,		20	6	7	33
Infantile Death-rate (per 1000 births),		108.890	39.215	64.814	74.492
Deaths, 65 years and over					
(percentage of the whole)		48.3	55.3	63.1	54.1

\* That is, of persons usually resident within the District.

## EAST DISTRICT.

### General Matters.

These will be found fully discussed under the County report.

### Water Supply.

At the September meeting of the District Committee, a requisition by the Parish Council of Coldingham, under Section 131 of the Public Health (Scotland) Act, 1897, to include Bogan and all other parts of the village of Coldingham within the area



of the Special Water District, was considered, and the Committee later resolved that the area of the Special Water District should be extended so as to include the whole of the existing Special Districts, and also a portion of Mr. Edington's field, and a portion of the Applin Cross field on Burnhall Farm.

## Drainage, Sewerage, and Scavenging.

During the year my attention was directed, by the Sanitary Inspector and others, to the condition of some of the privy middens and ashpits in Ayton. On more than one occasion I found these middens full and overflowing, and the disposal into them of night soil rendered them not only a nuisance but a danger to the health of all the inhabitants of Ayton.

Knowing what is now known about the habits of flies, how they may go straight from the dunghill to the pantry, there is no excuse that can be made for the continuance of such a discreditable custom in a centre of population like Ayton.

Mr. Coupland, the sanitary inspector, recommends the introduction of the ashbin system, with removal of the contents on alternate days. That is undoubtedly what is required.

Coldingham has just started to remove the refuse in ashpits, and the neighbouring villages of Reston and St. Abbs have no arrangements for such scavenging at all.

It would add greatly to the public health and at the same time to the efficiency and economy with which scavenging could be carried out if these four villages would agree to combination with a view to obtaining the whole time services of a dustman and dustcart and a good coup for the refuse. It would obviate the present inefficient and wasteful methods, and would prevent the unsightly and occasionally dangerous method of depositing refuse on the foreshore at St. Abbs, in burns, or in the ditches of side roads.

St Abbs ought to be formed into a special scavenging district, in the manner provided by Section 44 of the Local Government Board (Scotland) Act, 1894

During the year a satisfactory drainage scheme was carried out in Hutton village.

In November a representation, under Section 30 of the Housing of the Working Classes Act, 1890, was received from four ratepayers as to the sanitary condition of Cairnbank School in Coldingham Parish. The cause of complaint was inquired into, and a report drawn up, but as it was only sent to the District Committee in the early months of 1913, the question falls into the 1913 Report.

## Factory and Workshop Act.

A tabular statement of the work performed in this connection will be found in the Appendix.

## Rivers Pollution.

The Whitadder borders this district in the west, and an account of the steps taken in connection with its pollution will be found on page 29.

## Hospital Accommodation

In my report for the year 1911 I pointed out that the ward accommodation was insufficient and that an additional ward was advisable. The accommodation still remains as it was.

During the year the Hospital at Millerton was closed from February 24th to May 22nd, to allow of a system of heating by hot water radiators being installed. An additional boiler was erected for the purpose of obtaining hot water for baths and other domestic purposes.

In connection with the re-opening of the hospital, I gave a certificate that I had visited and carefully examined it and that, having regard to the drainage, ventilation, furniture, and arrangements, and to the condition of the building generally, I was of opinion that the Hospital was in every respect fit for the reception, without risk of injury to their health, of a number of patients not exceeding nine adults.

## Smallpox.

My last report also dealt with the provision for the isolation of smallpox cases. I did not consider that the two portable wooden huts were sufficient, nor that they could be furnished and erected in sufficient time to prevent avoidable infection.

My advice was asked thereon, in connection with a letter from the Local Government Board on that question. My opinion was that I considered the accommodation unsatisfactory, but that if the Local Authority wished to employ portable hospitals they would require the sanction of the Board.

### Ambulance.

In 1911 I reported that the ambulance was unsatisfactory

### Disinfection.

I still consider the provision of a steam disinfectory necessary.

### Prevention of Infectious Disease.

During 1912 further measures to cope with the prevention of the spread of infectious disease were put in force.

The earlier diagnosis of infectious disease was facilitated by the District Authority giving their sanction to a scheme affording general practitioners and the Medical Officer of Health the benefit of bacteriological examinations.

In order to close schools without delay the Committee delegated to me their powers under Article 30 of the Scotch Education Code.

Foulden School was closed from 19th February to 23rd February, both dates inclusive, with a view to preventing the spread of measles.

Pulmonary Tuberculosis became notifiable on August 1st. At the December meeting of the District Committee—a meeting at which I was, unfortunately, unable to be present—a question arose as to the disinfection of houses after the death of any inmate from this disease. No arrangements in the East District have yet been made whereby any such death comes to my notice except through the registrars' returns, which are only sent in quarterly. This question was considered by me in my 1911 Report, where, on p. 19, I stated :—"While I regret that the East District did not see their way to adopt a similar course I am of opinion that they should at least arrange for the disinfection of houses—as far as possible on the death of any inmate from phthisis."

Immediate notice is desirable and probably the best way to secure it would be to pay each registrar the additional sum for each death recommended by the Local Government Board, and in addition a fixed sum of 4d per quarter to cover returns of births, immediate notice to the medical officer of deaths from pulmonary tuberculosis, and assistance in locating death transcripts.

## Distribution of Disease.

Out of the 35 cases of notifiable diseases, 2 were notified from enteric fever, 18 from scarlet fever, 11 from diphtheria, 4 from erysipelas, and, after August 1st, 4 from pulmonary tuberculosis.

The existence of a case of puerperal fever was noticed through the death returns, the doctor concerned having omitted to notify from an oversight of the fact that puerperal fever was a notifiable disease.

## Scarlet Fever.

Of the 18 cases of scarlet fever, 11 of them were apparently the result of the continued existence of infection from the epidemic of 1911. These cases were all in the Celdingham District. In August, three cases occurred in Reston, the infection being apparently introduced by a scarlet fever convalescent from Edinburgh.

## Diphtheria.

An outbreak of diphtheria occurred at Bonkyl Lodge, Bunkle, in January, seven individuals, mostly servants, being affected. The probability is that the disease was brought from without by one, and communicated to others both directly by personal infection and indirectly through clothing. In one instance, the only apparent explanation of infection was that the bed slept in by the patient had previously been occupied by the patient's predecessor, who was one of the first to contract the disease. This shows the necessity of disinfection of clothing, bed-clothing, etc., in an efficient manner.

A further recrudescence of this disease occurred at Bonkyl in August. A number of swabs were taken by Dr Macwatt of Duns, but only one case was notified. In Ayton three cases occurred in November.

### Enteric Fever.

Two cases were notified, one in Foulden and one in Chirnside.

### Pulmonary Tuberculosis.

Four cases of pulmonary tuberculosis were notified after August 1st. Of these cases three were visited personally. The fourth, however, died within six weeks of notification, before a visit was found possible.

### Non-Notifiable Disease.

The cases of non notifiable diseases numbered 101, and were principally notified by Headmasters of Schools.

Out of the 101 cases, 70 were for measles, 9 for chicken pox, and 22 for whooping cough.

### Infantile Mortality.

Deaths of infants under 1 year of age numbered 20. Of these 18 were legitimate infants, and 2 illegitimate. The resulting infantile mortality rate, *i.e.*, the number of deaths under 1 year per 1000 births, is 109.89.

### Inspection of Food and Meat.

Inspection of food stuffs, meat, and slaughter-houses have been carried out by the Sanitary Inspector.

### Statistics.

Tabular statements, referring to Infant Mortality and Infectious Disease, in the form prescribed by the Local Government Board, are appended.

## MIDDLE DISTRICT.

### General Matters.

These will be found fully discussed under the County Report.

### Factory and Workshop Act.

A tabular statement of the work performed in this connection accompanies this Report.

## Rivers Pollution.

The Whitadder borders this district in the east, and an account of the steps taken in connection with its pollution will be found on page 29.

## Hospital Accommodation and Disinfection.

All cases of infectious disease removed from home are sent to the isolation hospital at Gordon. A steam disinfector forms part of the equipment of this hospital. The district forms part of the area served by the smallpox hospital at Smailholm.

## Prevention of Infectious Disease.

During the year I advised the routine use of the disinfector at Gordon Hospital for the purpose of thoroughly disinfecting the bedding and clothing of patients with infectious disease. The question was referred to a sub-committee, and at the end of the year was still under consideration.

Notification of pulmonary tuberculosis came into operation at the beginning of the year.

The District Authority sanctioned a scheme affording medical practitioners and the Medical Officer of Health the benefit of bacteriological examinations.

The District Authority also delegated to me their powers of school closure under the Scotch Education Code.

## Distribution of Disease.

Cases of infectious disease notified numbered 57. 56 patients only were affected, as one of them suffered from both enteric fever and pulmonary tuberculosis.

Deducting the cases notified on account of tuberculosis, notifications of which only came into force this year, there were 40 patients with the ordinary infections, as compared with 26 last year, an increase of 14 cases.

Out of the 57 cases, two were notified from enteric fever, 14 from scarlet fever, 19 from diphtheria, 5 from erysipelas, and 17 from pulmonary tuberculosis.

The death-rate was heavy, 5 dying from the ordinary infections, and of the 17 tuberculous cases, 8 were dead by the end of the year.

### Enteric Fever.

Of the 2 cases of enteric fever, 1 died at Hassington Mains. No definite source of infection was discovered in either case.

### Scarlet Fever.

The 14 notifications were distributed throughout the year, and the cases were confined to no particular district. In some instances the disease was of a severe type. 2 patients died out of the 14, 1 in hospital and 1 at Lambden.

### Diphtheria.

Of the 19 cases, 5 occurred at the end of May in the village of Leitholm. Sore throats were prevalent in the district at the time, and without doubt there were other unrecognised cases.

3 cases occurred at Marchmont about the same time, and 3 at the Hardens in September.

2 diphtheria cases died, 1 at Leitholm, and the other at Marchmont.

### Pulmonary Tuberculosis.

During the year 17 cases were notified, By the end of the year 8 out of the 17 were dead, and since then other 3 have succumbed.

These few figures constitute the simplest and the most convincing reason for an anti-tuberculosis scheme in the Middle District.

### Non-Notifiable Disease.

The cases of non-notifiable disease intimated to me numbered 62, and included 39 cases of measles, 13 of whooping cough and 10 of chickenpox.



From September to November there was a long continued epidemic of measles in the Gavinton district, detrimentally affecting the attendance at Langton School. As five families were invaded before the disease became known, no preventive measures could be taken, and the epidemic finally burnt itself out in November.

A slight epidemic of whooping cough occurred at Millburn in the early part of the year, and at Ladykirk in December. In May there was an outbreak of chickenpox in the infant department of Allanton School.

### Infantile Mortality.

The infantile mortality rate, i.e., the number of deaths under one year per 1000 births, is 39.2157, a very low rate.

### Meat Inspection.

Proper inspection of meat is difficult to secure, as the slaughter houses are few and killing is at irregular intervals. A large proportion of the meat supply is obtained from the Burghs of Coldstream and Duns.

### Vital Statistics.

Tabular statements of sickness and mortality, etc., are appended.

## WEST DISTRICT.

### General Matters.

General considerations will be found dealt with in the preliminary pages of this Report.

### Factory and Workshop Act.

The workshops on the register number 42, and these are regularly inspected by the sanitary inspector, Mr. Coupland. A tabular statement of inspections, etc., is appended.



## Hospital Accommodation.

All infectious cases removed are sent to the isolation hospital at Gordon. This hospital has ample accommodation, and is well fitted with disinfectant, laundry, etc.

This district forms part of the area served by the smallpox hospital at Smailholm.

## Prevention of Infectious Disease.

Notification of pulmonary tuberculosis commenced on 1st January. A scheme for enabling medical practitioners to obtain the benefit of bacteriological examinations was sanctioned, and the District Authority delegated to me their powers for the closing of schools.

More advantage should be taken of the disinfectant at the isolation hospital for the purpose of thoroughly disinfecting the bedding and clothing of infectious cases.

## Distribution of Disease.

Cases of infectious disease notified numbered 12. Of these, 4 were cases of scarlet fever, 5 of diphtheria, 2 of erysipelas, and 1 of pulmonary tuberculosis.

Of non notifiable diseases, 11 cases were intimated by school headmasters, etc. These consisted of 1 case of measles and the rest of mumps.

## Infantile Mortality.

The Infantile mortality rate, or the number of deaths under one year per 1000 births, was 64.8148.

## Vital Statistics.

Tabular statements of infantile mortality and infectious disease are appended.

## **BURGH OF COLDSTREAM.**

### **Factory and Workshop Act.**

The workshops number 33, and are regularly inspected by Mr. Kinghorn, the Sanitary Inspector. Particulars of the inspections are appended.

### **Slaughter-Houses.**

The public slaughter house was visited and found in good order.

### **Hospital Accommodation.**

During the year I advised the managers of the Coldstream Cottage Hospital that the fever ward in the hospital was not adapted for the purpose of isolating fever patients, that the nursing of fever cases therein was fraught with danger to other patients in the hospital, especially surgical cases, and that its use should be discontinued. The managers, after consultation with the subscribers, resolved to discontinue the admission of infectious cases; so, as the town's cases were previously sent here, Coldstream is now left without any isolation accommodation.

### **Prevention of Infectious Disease.**

Notification of Pulmonary Tuberculosis came into operation on the 1st January. Arrangements for bacteriological examinations for medical practitioners were made, and the Town Council delegated me with its powers for school closure.

### **Distribution of Disease.**

Cases of infectious disease numbered 10, including 2 cases of enteric fever, 1 of erysipelas, and 7 of pulmonary tuberculosis. No source of infection was discovered in the enteric cases.

The incidence of pulmonary tuberculosis was heavy. Of the 7 cases notified, 2 died in 1912, and another on 3rd January, 1913.

### **Infantile Mortality.**

2 deaths under 1 year of age were registered.

## Inspection of Meat.

The Burgh Sanitary Inspector regularly inspects meat both at the slaughter house and in the shops.

## Vital Statistics.

Tabular statements are appended.

# BURGH OF LAUDER.

I have little to say about the health of Lauder, as nothing of note has come under my observation.

## Factory and Workshop Act.

These are regularly inspected.

## Hospital Accommodation.

Hospital accommodation is provided at Gordon Hospital, and smallpox accommodation at Smailholm.

## Prevention of Infectious Disease.

During the year arrangements for bacteriological examinations were sanctioned, and the Town Council delegated to me their powers for the closing of schools

## Infectious Disease.

1 case of scarlet fever was notified, and 3 cases of pulmonary tuberculosis. 1 case of measles was intimated.

## Infantile Mortality.

No deaths under one year of age occurred in 1912.

## Inspection of Food.

This is undertaken by the Sanitary Inspector, and a certain amount of inspection of meat has been done by myself.

## Vital Statistics.

Returns of such are appended.

Factories, Workshops, Laundries, Workplaces, and Homework.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

PREMISES.	EAST DISTRICT.			MIDDLE DISTRICT.			WEST DISTRICT.			COLDSTREAM BURGH.			LAUDER BURGH.		
	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.
Factories Including Factory Laundries).	18	..	..	16	2	..	7	..	..	6	..	..	..	..	..
Workshops (Including Workshop Laundries).	80	2	..	68	..	..	52	..	..	105	..	29	1	..	..
Workplaces (Other than Outworkers' premises included in Part 3 of this Report).	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	104	2	..	84	2	..	59	..	..	111	..	29	1	..	..

2.—DEFECTS FOUND.

PARTICULARS.	EAST DISTRICT.			MIDDLE DISTRICT.			WEST DISTRICT.			COLDSTREAM BURGH.			LAUDER BURGH.		
	No. of Defects.	Referred to H.M. Inspector.	No. of Prosecutions.	No. of Defects.	Referred to H.M. Inspector.	No. of Prosecutions.	No. of Defects.	Referred to H.M. Inspector.	No. of Prosecutions.	No. of Defects.	Referred to H.M. Inspector.	No. of Prosecutions.	No. of Defects.	Referred to H.M. Inspector.	No. of Prosecutions.
Nuisances under the Public Health Acts :—*															
Want of Cleanliness ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Want of ventilation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Overcrowding ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Want of drainage of floors ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other nuisances ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanitary accommodation, } insufficient } } unsuitable or } } defective } } not separate } } for sexes }	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Offences under the Factory and Workshop Act :—															
Illegal occupation of underground bakehouse (S. 101)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Breach of special sanitary requirements for bakehouses (SS. 97 to 100) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other offences (excluding offences relating to outwork, which are included in Part 3 of this Report) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..

\* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

3.—HOME WORK.

	EAST DISTRICT.		MIDDLE DISTRICT.		WEST DISTRICT.		COLDSTREAM BURGH.		LAUDER BURGH.	
	Number.		Number.		Number.		Number.		Number.	
Outworkers' Lists, { Lists received from Em- { ployers ..	..		..		..		..		..	
Section 107, { Prosecutions ..	..		..		..		..		..	
Unwholesome Premises, { Instances ..	..		..		..		..		..	
{ Notices served ..	..		..		..		..		..	
Outwork in { ..	..		..		..		..		..	
Section 108, { Prosecutions ..	..		..		..		..		..	
Outwork in { Instances ..	..		..		..		..		..	
Infected Premises, { Orders unde ..	..		..		..		..		..	
Section 109, 110, { Prosecutions ..	..		..		..		..		..	

4.—REGISTERED WORKSHOPS.

Workshops on Register (s. 131) at the end of the year.	EAST DISTRICT.		MIDDLE DISTRICT.		WEST DISTRICT.		COLDSTREAM BURGH.		LAUDER BURGH.	
	Number.		Number.		Number.		Number.		Number.	
Bakers ..	12		5		5		4		3	
Barbers ..	..		..		1		..		1	
Blacksmiths ..	16 (2)		16 (2)		11		3		1	
Boatbuilders ..	1 (1)		..		..		..		..	
Cabinetmakers ..	1		..		..		1		..	
Corn Millers ..	5 (5)		2 (2)		2		..		..	
Cycle Builders ..	3		..		4		6		3	
Dressmakers ..	7		2		..		..		..	
Engineers ..	..		2 (2)		..		..		..	
Fish Curers ..	3		..		..		..		..	
Gas Works ..	..		..		1 (1)		..		..	
Joiners ..	10 (2)		12		10		4		2	
Milliners ..	..		..		..		..		1	
Millwrights ..	2 (2)		..		1 (1)		..		1	
Motor Engineers ..	1 (1)		1		..		..		..	
Painters ..	1 (1)		1 (1)		..		2		1	
Paper Mills..	..		1 (1)		..		..		..	
Plumbers ..	1 (1)		..		2		3		1	
Saddlers ..	2		3		1		1		1	
Saw Millers ..	..		..		1 (1)		..		..	
Shoemakers ..	6		4		3		3		3	
Tailors ..	9		10		4		6		4	
Watchmakers ..	..		..		..		..		1	
Woollen Mills ..	..		1 (1)		1 (1)		..		..	
TOTAL ..	79		60		47		33		23	

NOTE.—Figures in brackets indicate number of Factories.

5.—OTHER MATTERS.

	EAST DISTRICT.		MIDDLE DISTRICT.		WEST DISTRICT.		COLDSTREAM BURGH.		LAUDER BURGH.	
	Number.		Number.		Number.		Number.		Number.	
Matters notified to H.M. Inspector of Factories	..		..		..		..		..	
Failure to affix Abstract of the Factory and Workshop Act (s. 133) ..	..		..		..		..		..	
Action taken in { matters referred by H.M. Inspector under the Public Health Acts, but not under the Factory and Workshop Act (s. 5),	..		..		..		..		..	
Underground Bakehouses (s. 101) :—	2		..		..		..		..	
Certificates granted during the year ..	..		..		..		..		..	
In use at the end of the year ..	..		..		..		..		..	





# RETURN of BIRTHS and DEATHS, &c., registered during the Year ending 31st December, 1912.

## County of Berwick.

## East District.

POPULATION, Census 1911, 9017.  
Estimated to Middle of 1912, 8975.  
ACREAGE, 78,043.

REGISTERED BIRTHS, 182 { Birth Rate per 1000 of Estimated Population ... 20.2785.  
Deaths under 1 Year per 1000 Births ... 109.8901.

CAUSE OF DEATH.				Deaths Registered in District.	Deaths Transferred from other Districts or Burghs.	Deaths Transferred to other Districts or Burghs.	Net or Adjusted Deaths at the Subjoined Ages.												Death Rates per 1000 of Estimated Population.	Total Deaths Registered as occurring in Institutions in the District.
				1	2	3	4	5	6	7	8	9	10	11	12	13	14			
All Causes	{	Certified	...	120	3	4	119	20	1	...	2	5	9	25	57	13.2590	...			
		Uncertified	...	1	...	...	1	...	...	...	...	...	...	...	1	.1114	...			
Enteric Fever				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Typhus Fever				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Smallpox				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Measles				...	...	2	...	2	...	...	...	...	...	...	...	.2228	...			
Scarlet Fever				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Whooping Cough				...	...	1	...	1	1	...	...	...	...	...	...	.1114	...			
Diphtheria and Croup				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Influenza				...	...	3	...	3	1	...	...	1	...	1	...	.3342	...			
Septic cases.	{	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
		Other Septic Diseases (not Puerperal)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Puerperal Fever				...	...	1	...	1	...	...	...	...	1	...	...	.1114	...			
Cerebro-Spinal Meningitis				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Tuberculous Diseases.	{	Phthisis (Pulmonary Tuberculosis)	...	3	1	...	4	...	...	...	...	...	2	...	2	.4456	...			
		Tuberculous Meningitis	...	1	...	1	...	...	...	...	1	...	...	...	...	.1114	...			
		Abdominal Tuberculosis	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...			
		Other Tuberculous Diseases	...	2	...	2	...	...	...	1	...	1	...	...	.2228	...	...			
Cancer, Malignant Diseases				...	4	...	4	...	...	...	...	...	3	1	.4456	...				
Acute Articular Rheumatism (Rheumatic Fever)				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Diseases of Nervous System.	{	Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
		(not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
		Cerebral Hæmorrhage	...	13	...	1	12	...	...	...	...	...	4	8	1.3370	...	...			
Other Nervous Diseases				...	2	...	2	...	...	...	...	...	2	...	.2228	...	...			
Diseases of Circulatory System				...	21	1	1	21	...	...	...	...	2	4	15	2.3398	...	...		
Diseases of Respiratory System.	{	Pneumonia (all forms, including Broncho-Pneumonia)	...	8	...	...	8	2	...	...	...	...	3	3	...	.8913	...			
		Bronchitis	...	4	...	...	4	...	1	...	...	...	1	2	...	.4456	...	...		
		Other Respiratory Diseases	...	2	...	...	2	...	...	...	...	1	...	1	...	.2228	...	...		
Digestive cases.	{	Diarrhœa and Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
		Other Digestive Diseases	...	1	1	...	2	...	...	...	1	...	1	...	.2228	...	...			
Violence				...	6	...	1	5	...	...	...	1	...	4	...	.5571	...			
Other defined Diseases				...	44	...	...	44	14	...	...	1	...	3	4	22	4.9025	...		
Diseases ill-defined or unknown				...	2	...	...	2	...	...	...	...	...	1	...	.2228	...	...		
Total				...	121	3	4	120	20	1	...	2	5	9	25	58	13.3704	...		



# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1912.

County of Berwick.

East District.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.				Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes {	Certified ...	...	...	8	2	1	1	12	5	2	1	...	20
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
{	Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...
{	Measles ...	...	...	...	...	...	...	...	1	...	1	...	2
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
{	Whooping Cough...	...	...	...	...	...	...	...	1	...	...	...	1
	Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...
{	Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberulous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
{	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
{	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions	...	...	...	...	...	...	...	...	...	...	...	...
{	Pneumonia (all forms)	...	...	...	...	...	1	1	1	...	...	...	2
	Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhoea and Enteritis	...	...	...	...	...	...	...	...	...	...	...	...
{	Other Digestive Diseases	...	...	...	...	...	...	...	...	1	...	...	1
	Congenital Malformations	...	...	...	...	...	...	...	...	1	...	...	1
{	Premature Birth ...	...	...	6	1	...	...	7	1	...	...	...	8
	Atrophy, Debility, and Marasmus	...	...	2	...	1	...	3	1	...	...	...	4
{	Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...
{	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
{	Rickets	...	...	...	...	...	...	...	...	...	...	...	...
	All other causes	...	...	...	1	...	...	1	...	...	...	...	1
TOTAL				8	2	1	1	12	5	2	1	...	20

Net Births in the year { Legitimate, 165.  
Illegitimate, 17.

Net Deaths in { Legitimate Infants, 18.  
the year { Illegitimate Infants, 2.

**I.—RETURN of CASES of INFECTIOUS DISEASE**  
**notified, &c., during the Year ending**  
**31st December, 1912.**

**County of Berwick.**

**East District.**

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
1	2	3	4	5	6	7	8	9	10	

**A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**

Typhoid or Enteric Fever ...	2	...	...	1	...	...	1	...	1	1
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	18	...	3	12	...	3	...	...	8	10
Diphtheria and Membranous Croup ...	11	...	1	2	6	2	...	...	9	2
Erysipelas ...	4	...	...	2	...	1	...	1	...	4
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...
Continued Fever...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis up to July 31st, 1912 ...	...	...	...	...	...	...	...	...	...	...
<b>TOTAL ...</b>	<b>35</b>	<b>...</b>	<b>4</b>	<b>17</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>18</b>	<b>17</b>

**B.—NOT NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**

Pulmonary Tuberculosis (after August 1st, 1912 ...	4	...	...	1	...	3	...	...	...	4
*Puerperal Fever ...	1	...	...	...	...	1	...	...	...	1
Measles ...	70	...	...	...	...	...	...	...	...	70
Chicken Pox ...	9	...	...	...	...	...	...	...	...	9
Whooping Cough ...	22	...	...	...	...	...	...	...	...	22

**STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.**

Millerton Hospital, Ayton.

\*The existence of this case became known from the Registrar's Death Returns. The doctor omitted to notify from an oversight.

# RETURN of BIRTHS and DEATHS, &c., registered during the Year ending 31st December, 1912.

## County of Berwick.

## Middle District.

POPULATION, Census 1911, 8365.

Estimated to Middle of 1912, 8330.

ACREAGE, 109,108.

REGISTERED BIRTHS, 153 { Birth Rate per 1000 of Estimated Population .. 18.3673.  
Deaths under 1 Year per 1000 Births ... 39.2157.

CAUSE OF DEATH.				Deaths Registered in District.	Deaths Transferred from other Districts or Burghs.	Deaths Transferred to other Districts or Burghs.	Net or Adjusted Deaths at the Subjoined Ages.												Death Rates per 1000 of Estimated Population.	Total Deaths Registered as occurring in Institutions in the District.
				1	2	3	4 All Ages.	5 Under 1 Year.	6 1 and under 2 Years.	7 2 and under 5 Years.	8 5 and under 15 Years.	9 15 and under 25 Years.	10 25 and under 45 Years.	11 45 and under 65 Years.	12 65 and upwards.	13	14			
All Causes { Certified ... ..				104	11	1	114	6	3	1	2	3	14	22	63	13.6854	...			
{ Uncertified ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Enteric Fever ... ..				1	...	...	1	...	...	...	...	1	...	...	...	.1200	...			
Typhus Fever ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Smallpox ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Measles ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Scarlet Fever ... ..				1	1	...	2	...	...	1	1	...	...	...	...	.2400	...			
Whooping Cough ... ..				1	...	...	1	1	...	...	...	...	...	...	...	.1200	...			
Diphtheria and Croup... ..				2	...	...	2	...	1	1	...	...	...	...	...	.2400	...			
Influenza ... ..				3	...	...	3	...	...	...	...	1	...	2	...	.3601	...			
Septic Diseases.	{ Erysipelas ... ..			...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	{ Other Septic Diseases (not Puerperal) ... ..			...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Puerperal Fever ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Cerebro-Spinal Meningitis ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Tuberculous Diseases.	{ Phthisis (Pulmonary Tuberculosis) ... ..			8	...	...	8	...	...	...	1	6	1	...	...	.9603	...			
	{ Tuberculous Meningitis... ..			...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	{ Abdominal Tuberculosis ... ..			...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	{ Other Tuberculous Diseases ... ..			2	...	...	2	...	...	...	1	1	...	...	...	.2400	...			
Cancer, Malignant Diseases ... ..				9	...	...	9	...	...	...	1	3	5	...	...	1.0804	...			
Acute Articular Rheumatism (Rheumatic Fever) ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Diseases of Nervous System.	{ Meningitis ... ..			...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	{ (not Tuberculous) ... ..			...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	{ Cerebral Hæmorrhage ... ..			6	2	...	8	...	...	...	1	7	...	...	...	.9603	...			
Diseases of Circulatory System.	{ Other Nervous Diseases ... ..			4	...	...	4	...	...	...	...	2	2	...	...	.4801	...			
	{ Pneumonia (all forms, including Broncho-Pneumonia) ... ..			23	4	1	26	...	...	...	...	6	20	...	...	3.1212	...			
	{ Bronchitis ... ..			4	...	...	4	...	...	...	...	...	4	...	...	.4801	...			
Diseases of Respiratory System.	{ Other Respiratory Diseases ... ..			2	...	...	2	...	1	...	...	...	1	...	...	.2400	...			
	{ Diarrhœa and Enteritis ... ..			1	...	...	1	1	...	...	...	...	...	...	...	.1200	...			
	{ Other Digestive Diseases ... ..			1	2	...	3	...	...	...	2	1	...	...	...	.3601	...			
Violence ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Other defined Diseases ... ..				26	1	...	27	3	...	...	1	2	4	17	...	3.2412	...			
Diseases ill-defined or unknown ... ..				2	...	...	2	1	...	...	...	...	...	1	...	.2400	...			
Total ... ..				104	11	1	114	6	3	1	2	3	14	22	63	13.6854	...			

# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1912.

County of Berwick.

Middle District.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes	Certified	...	2	...	...	...	2	3	1	...	...	6
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
{ Small-pox ... ..			...	...	...	...	...	...	...	...	...	...
{ Chicken-pox ... ..			...	...	...	...	...	...	...	...	...	...
{ Measles ... ..			...	...	...	...	...	...	...	...	...	...
{ Scarlet Fever ... ..			...	...	...	...	...	...	...	...	...	...
{ Whooping Cough ... ..			...	...	...	...	...	1	...	...	...	1
{ Diphtheria and Croup ... ..			...	...	...	...	...	...	...	...	...	...
{ Erysipelas ... ..			...	...	...	...	...	...	...	...	...	...
{ Tuberculous Meningitis ... ..			...	...	...	...	...	...	...	...	...	...
{ Abdominal Tuberculosis ... ..			...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases ... ..			...	...	...	...	...	...	...	...	...	...
{ Meningitis (not Tuberculous) ... ..			...	...	...	...	...	...	...	...	...	...
{ Convulsions ... ..			...	...	...	...	...	...	...	...	...	...
{ Pneumonia (all forms) ... ..			...	...	...	...	...	...	...	...	...	...
{ Bronchitis ... ..			...	...	...	...	...	...	...	...	...	...
{ Laryngitis ... ..			...	...	...	...	...	...	...	...	...	...
{ Diarrhea and Enteritis ... ..			1	...	...	...	1	...	...	...	...	1
{ Other Digestive Diseases ... ..			...	...	...	...	...	...	...	...	...	...
{ Congenital Malformations ... ..			...	...	...	...	...	...	...	...	...	...
{ Premature Birth ... ..			...	...	...	...	...	...	...	...	...	...
{ Atrophy, Debility, and Marasmus ... ..			1	...	...	...	1	2	1	...	...	4
{ Atelectasis ... ..			...	...	...	...	...	...	...	...	...	...
{ Injury at Birth ... ..			...	...	...	...	...	...	...	...	...	...
{ Suffocation, overlying ... ..			...	...	...	...	...	...	...	...	...	...
{ Syphilis ... ..			...	...	...	...	...	...	...	...	...	...
{ Rickets ... ..			...	...	...	...	...	...	...	...	...	...
{ All other causes ... ..			...	...	...	...	...	...	...	...	...	...
TOTAL			2	...	...	...	2	3	1	...	...	6

Net Births in the year { Legitimate, 132.  
 { Illegitimate, 21.

Net Deaths in { Legitimate Infants, 3.  
 the year { Illegitimate Infants, 3.

# I.—RETURN of CASES of INFECTIOUS DISEASE notified, &c., during the Year ending 31st December, 1912.

County of Berwick.

Middle District.

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.										
	At all ages.	At Age—Years.								Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.			
1	2	3	4	5	6	7	8	9	10		

## A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Typhoid or Enteric Fever ...	2	...	...	1	...	1	...	...	...	2
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	14	...	5	8	1	...	...	...	3	11
Diphtheria and Membranous Croup ...	19	...	2	10	3	3	1	...	11	8
Erysipelas ...	5	...	...	...	...	2	3	...	...	5
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...
Continued Fever...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis up to July 31st, 1912 ...	9	...	...	...	3	6	...	...	...	9
TOTAL ...	*49	...	7	19	7	12	4	...	14	35

## B.—NOT NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Pulmonary Tuberculosis (after August 1st, 1912 ...	8	...	...	...	1	5	2	...	1	7
Measles ...	39	...	...	...	...	...	...	...	...	39
Whooping Cough ...	13	...	...	...	...	...	...	...	...	13
Chicken Pox ...	10	...	...	...	...	...	...	...	...	10

## STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

Gordon Combination Isolation Hospital.  
Victoria Hospital, Edinburgh,  
Millerton Hospital, Ayton.

\*Although 49 cases, there were only 48 patients, as one suffered from both Enteric Fever and Pulmonary Tuberculosis.



# RETURN of BIRTHS and DEATHS, &c., registered during the Year ending 31st December, 1912.

County of Berwick.		West District.	
POPULATION, Census 1911,		5705.	
Estimated to Middle of 1912,		5667.	
ACREAGE, 104,581.			
REGISTERED BIRTHS, 108	{ Birth Rate per 1000 of Estimated Population	...	19.0577.
	{ Deaths under 1 Year per 1000 Births	...	64.8148.

CAUSE OF DEATH.				Deaths Registered in District.	Deaths Transferred from other Districts or Burghs.	Deaths Transferred to other Districts or Burghs.	Net or Adjusted Deaths at the Subjoined Ages.								Death Rates per 1000 of Estimated Population.	Total Deaths Registered as occurring in Institutions in the District.		
				1	2	3	4 All Ages.	5 Under 1 Year.	6 1 and under 2 Years.	7 2 and under 5 Years.	8 5 and under 15 Years.	9 15 and under 25 Years.	10 25 and under 45 Years.	11 45 and under 65 Years.	12 65 and upwards.	13	14	
All Causes	{ Certified	...	...	61	5	1	65	7	...	...	1	3	3	10	41	11.4699	1	
				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Enteric Fever ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Typhus Fever ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Smallpox ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Measles ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Scarlet Fever ... ..				1	...	1	...	...	...	...	...	...	...	...	...	...	1	
Whooping Cough ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diphtheria and Croup... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Influenza ... ..				1	...	...	1	...	...	...	...	...	...	...	1	.1764	...	
Septic Diseases.	{ Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
				...	...	...	...	...	...	...	...	...	...	...	...	...		
Other Septic Diseases (not Puerperal)				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal Fever ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cerebro-Spinal Meningitis ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Tuberculous Diseases.	{ Phthisis (Pulmonary Tuberculosis)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
				...	...	...	...	...	...	...	...	...	...	...	...	...		
				1	...	...	1	...	...	...	1	...	...	.1764	...			
				Abdominal Tuberculosis ... ..				...	...	...	...	...	...	...	...	...	...	
Other Tuberculous Diseases ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cancer, Malignant Diseases ... ..				2	1	...	3	...	...	...	...	...	...	1	2	.5293	...	
Acute Articular Rheumatism (Rheumatic Fever) ... ..				1	...	...	1	...	...	...	...	...	1	...	...	.1764	...	
Diseases of Nervous System.	{ Meningitis	(not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
				1	...	...	1	...	...	...	1	...	...	.1764	...			
				3	...	...	3	...	...	...	...	3	...	.5293	...			
				Other Nervous Diseases ... ..				8	...	...	8	...	...	...	1	1	6	1.4116
Diseases of Circulatory System ... ..				17	...	...	17	...	...	...	...	...	3	14	2.9998	...		
Diseases of Respiratory System.	{ Pneumonia (all forms, including Broncho-Pneumonia)	...	...	4	...	...	4	...	...	...	...	...	2	2	...	.7058	...	
				2	...	...	2	...	...	...	...	...	2	...	.3529	...		
				Other Respiratory Diseases ... ..				1	...	...	1	...	...	...	1	...	.1764	...
				Diarrhoea and Enteritis ... ..				1	...	...	1	1	...	...	...	...	.1764	...
Digestive Diseases.	{ Other Digestive	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
				1	1	...	2	...	...	...	1	...	1	...	.3529	...		
Violence ... ..				1	...	...	1	...	...	...	...	...	...	1	...	.1764	...	
Other defined Diseases ... ..				16	3	...	19	6	...	1	...	1	1	10	3.3527	...	...	
Diseases ill-defined or unknown ... ..				...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total ... ..				61	5	1	65	7	...	...	1	3	3	10	41	11.4699	1	

# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1912.

County of Berwick.

West District.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.				Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes {	Certified ...	...	...	5	...	...	1	6	...	1	...	..	7
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
{	Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Measles ...	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
{	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Pneumonia (all forms) ...	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhoea and Enteritis ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Other Digestive Diseases	...	...	...	...	...	...	...	...	1	...	...	1
	Congenital Malformations	...	...	...	...	...	...	...	...	...	...	...	...
{	Premature Birth ...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...
{	Atelectasis ...	...	...	...	...	...	...	...	...	...	...	...	...
	Injury at Birth ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis ...	...	...	...	...	...	...	...	...	...	...	...	...
{	Rickets ...	...	...	...	...	...	...	...	...	...	...	...	...
	All other causes ...	...	...	...	1	...	1	2	...	...	...	...	2
TOTAL ...				5	...	...	1	6	...	1	...	...	7

Net Births in the year { Legitimate, 95.  
 { Illegitimate, 13.

Net Deaths in { Legitimate Infants, 6.  
 the year { Illegitimate Infants, 1.



I.—RETURN of CASES of INFECTIOUS DISEASE  
notified, &c., during the Year ending  
31st December, 1912.

County of Berwick.

West District.

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
1	2	3	4	5	6	7	8	9	10	

A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Typhoid or Enteric Fever ... ..	...	...	...	...	...	...	...	...	...	...
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	4	...	1	3	...	...	...	...	4	...
Diphtheria and Membranous Croup ... ..	5	...	1	1	1	2	...	...	4	1
Erysipelas ... ..	2	...	...	...	...	...	2	...	...	2
Puerperal Fever ... ..	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis up to July 31st, 1912 ... ..	1	...	...	...	...	1	...	...	...	1
TOTAL ... ..	12	...	2	4	1	3	2	...	8	4

B.—NOT NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Measles ... ..	1	...	...	...	...	...	...	...	...	1
Mumps ... ..	10	...	...	...	...	...	...	...	...	10

STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

Gordon Combination Isolation Hospital.

RETURN of BIRTHS and DEATHS, &c., registered during the Year ending 31st December, 1912.

County of Berwick.

Burgh of Coldstream.

POPULATION, Census 1911, 1375.  
Estimated to Middle of 1912, 1375.  
ACREAGE, 235.

REGISTERED BIRTHS, 28 { Birth Rate per 1000 of Estimated Population ... 20.3636.  
{ Deaths under 1 Year per 1000 Births ... 71.4285.

CAUSE OF DEATH.				Deaths Registered in District.		Deaths Transferred from other Districts or Burghs.		Deaths Transferred to other Districts or Burghs.		Net or Adjusted Deaths at the Subjoined Ages.								Death Rates per 1000 of Estimated Population.		Total Deaths Registered as occurring in Institutions in the District.	
				1	2	3	4	5	6	7	8	9	10	11	12	13	14				
All Causes	{	Certified	...	25	2	1	26	2	...	...	...	2	3	4	15	18.9090	5				
		Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Influenza	...	...	...	1	...	...	1	...	...	...	...	1	...	...	7272	...	...				
Septic Diseases.	{	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
		Other Septic Diseases (not Puerperal)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Cerebro-Spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Tuberculous Diseases.	{	Phthisis (Pulmonary Tuberculosis)	...	1	...	...	1	...	...	...	...	1	...	...	7272	...	...				
		Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
		Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
		Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Cancer, Malignant Diseases	...	...	2	...	...	2	...	...	...	...	...	...	2	1.4545	...	...					
Acute Articular Rheumatism (Rheumatic Fever)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Diseases of Nervous System.	{	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
		Cerebral Hæmorrhage	...	1	...	1	...	...	...	...	...	...	1	7272	...	...	...				
Other Nervous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Diseases of Circulatory System	...	...	5	1	...	6	...	...	...	1	1	...	4	4.3636	1	...	...				
Diseases of Respiratory System.	{	Pneumonia (all forms, including Broncho-Pneumonia)	...	3	...	...	3	...	...	...	1	...	2	2.1818	...	...	...				
		Bronchitis	...	1	...	...	1	...	...	...	...	...	1	7272	...	...	...				
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Digestive Diseases.	{	Diarrhœa and Enteritis	...	1	...	...	1	1	...	...	...	...	...	7272	1	...	...				
		Other Digestive Diseases	...	2	...	1	1	...	...	1	...	...	...	7272	...	...	...				
Violence	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Other defined Diseases	...	...	...	8	1	...	9	1	...	...	...	3	5	6.5454	3	...	...				
Diseases ill-defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
Total	...	...	...	25	2	1	26	2	...	...	2	3	4	15	18.9090	5	...				

# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1912.

County of Berwick.

Burgh of Coldstream.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes	Certified ...	...	1	...	...	...	1	...	1	...	...	2
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
{ Small-pox ... ..			...	...	...	...	...	...	...	...	...	...
{ Chicken-pox ... ..			...	...	...	...	...	...	...	...	...	...
{ Measles ... ..			...	...	...	...	...	...	...	...	...	...
{ Scarlet Fever ... ..			...	...	...	...	...	...	...	...	...	...
{ Whooping Cough ... ..			...	...	...	...	...	...	...	...	...	...
{ Diphtheria and Croup ... ..			...	...	...	...	...	...	...	...	...	...
{ Erysipelas ... ..			...	...	...	...	...	...	...	...	...	...
{ Tuberculous Meningitis ... ..			...	...	...	...	...	...	...	...	...	...
{ Abdominal Tuberculosis ... ..			...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases ... ..			...	...	...	...	...	...	...	...	...	...
{ Meningitis (not Tuberculous) ... ..			...	...	...	...	...	...	...	...	...	...
{ Convulsions ... ..			...	...	...	...	...	...	...	...	...	...
{ Pneumonia (all forms) ... ..			...	...	...	...	...	...	...	...	...	...
{ Bronchitis ... ..			...	...	...	...	...	...	...	...	...	...
{ Laryngitis ... ..			...	...	...	...	...	...	...	...	...	...
{ Diarrhoea and Enteritis ... ..			...	...	...	...	...	...	1	...	...	1
{ Other Digestive Diseases ... ..			...	...	...	...	...	...	...	...	...	...
{ Congenital Malformations ... ..			1	...	...	...	1	...	...	...	...	1
{ Premature Birth ... ..			...	...	...	...	...	...	...	...	...	...
{ Atrophy, Debility, and Marasmus ... ..			...	...	...	...	...	...	...	...	...	...
{ Atelectasis ... ..			...	...	...	...	...	...	...	...	...	...
{ Injury at Birth ... ..			...	...	...	...	...	...	...	...	...	...
{ Suffocation, overlying ... ..			...	...	...	...	...	...	...	...	...	...
{ Syphilis ... ..			...	...	...	...	...	...	...	...	...	...
{ Rickets ... ..			...	...	...	...	...	...	...	...	...	...
{ All other causes ... ..			...	...	...	...	...	...	...	...	...	...
TOTAL	...	...	1	...	...	...	1	...	1	...	...	2

Net Births in the year { Legitimate, 25.  
Illegitimate, 3.

Net Deaths in the year { Legitimate Infants, 2.  
Illegitimate Infants, 0.

**I.—RETURN of CASES of INFECTIOUS DISEASE**  
**notified, &c., during the Year ending**  
**31st December, 1912.**

**County of Berwick.**

**Burgh of Coldstream.**

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
1	2	3	4	5	6	7	8	9	10	

**A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**

Typhoid or Enteric Fever ...	2	...	...	...	...	2	...	...	1	1
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Searlatina ...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Membranous Croup ... ..	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	1	...	...	...	...	1	...	...	...	1
Puerperal Fever ... ..	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis up to July 31st, 1912 ... ..	4	...	...	...	...	3	1	...	...	4
TOTAL ... ..	7	...	...	...	...	6	1	...	1	6

**B.—NOT NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**

Pulmonary Tuberculosis after August 1st, 1912 ... ..	3	...	...	...	2	...	1	...	2*	1
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\* Notified from Coldstream Cottage Hospital.

STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

Coldstream Cottage Hospital.

# RETURN of BIRTHS and DEATHS, &c., registered during the Year ending 31st December, 1912.

County of Berwick.					Burgh of Lauder.																															
POPULATION, Census 1911,					659.																															
Estimated to Middle of 1912,					659.																															
ACREAGE, 100.																																				
REGISTERED BIRTHS, 12					{ Birth Rate per 1000 of Estimated Population ... 18·2094.					{ Deaths under 1 Year per 1000 Births ... 0·00.																										
CAUSE OF DEATH.					Deaths Registered in District.				Deaths Transferred from other Districts or Burghs.				Deaths Transferred to other Districts or Burghs.				Net or Adjusted Deaths at the Subjoined Ages.						Death Rates per 1000 of Estimated Population.		Total Deaths Registered as occurring in Institutions in the District.											
					1	2	3	4	5	6	7	8	9	10	11	12	13	14																		
All Causes { Certified ... .. 8					2				...				10				...				2				1		7		15.1745		...					
{ Uncertified ... ..					...				...				...				...				...				...				...		...					
Enteric Fever ... ..					...				...				...				...				...				...				...		...					
Typhus Fever ... ..					...				...				...				...				...				...				...		...					
Smallpox ... ..					...				...				...				...				...				...				...		...					
Measles ... ..					...				...				...				...				...				...				...		...					
Scarlet Fever ... ..					...				...				...				...				...				...				...		...					
Whooping Cough ... ..					...				...				...				...				...				...				...		...					
Diphtheria and Croup ... ..					...				...				...				...				...				...				...		...					
Influenza ... ..					...				...				...				...				...				...				...		...					
Septic Diseases { Erysipelas ... ..					...				...				...				...				...				...				...		...					
{ Other Septic Diseases (not Puerperal) ... ..					...				...				...				...				...				...				...		...					
Puerperal Fever ... ..					...				...				...				...				...				...				...		...					
Cerebro-Spinal Meningitis ... ..					...				...				...				...				...				...				...		...					
Tuberculous Diseases { Phthisis (Pulmonary Tuberculosis) ... ..					...				...				...				...				...				...				...		...					
{ Tuberculous Meningitis ... ..					...				...				...				...				...				...				...		...					
{ Abdominal Tuberculosis ... ..					...				...				...				...				...				...				...		...					
{ Other Tuberculous Diseases ... ..					...				...				...				...				...				...				...		...					
Cancer, Malignant Diseases ... ..					2				...				2				...				2				3.0349		...									
Acute Articular Rheumatism (Rheumatic Fever) ... ..					...				...				...				...				...				...				...		...					
Diseases of Nervous System { Meningitis ... ..					...				...				...				...				...				...				...		...					
{ (not Tuberculous) ... ..					...				...				...				...				...				...				...		...					
{ Cerebral Hæmorrhage ... ..					...				...				...				...				...				...				...		...					
{ Other Nervous Diseases ... ..					1				...				1				...				1				...		1.5174		...							
Diseases of Circulatory System ... ..					3				...				3				...				...				1				2		4.5523		...			
Diseases of Respiratory System { Pneumonia (all forms, including Broncho-Pneumonia) ... ..					...				...				...				...				...				...				...		...					
{ Bronchitis ... ..					...				...				...				...				...				...				...		...					
{ Other Respiratory Diseases ... ..					...				...				...				...				...				...				...		...					
Digestive Diseases { Diarrhoea and Enteritis ... ..					...				1				...				1				...				...				1		1.5174		...			
{ Other Digestive Diseases ... ..					...				...				...				...				...				...				...		...					
Violence ... ..					...				...				...				...				...				...				...		...					
Other defined Diseases ... ..					2				1				...				3				...				1				...		2		4.5523		...	
Diseases ill-defined or unknown ... ..					...				...				...				...				...				...				...		...					
Total ... ..					8				2				...				10				...				2				1		7		15.1745		...	



# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1912.

County of Berwick.

Burgh of Lauder.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes {	Certified ...	...	...	...	...	...	...	...	...	...	...	..
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
{ Small-pox ...			...	...	...	...	...	...	...	...	...	...
{ Chicken-pox ...			...	...	...	...	...	...	...	...	...	...
{ Measles ...			...	...	...	...	...	...	...	...	...	...
{ Scarlet Fever ...			...	...	...	...	...	...	...	...	...	...
{ Whooping Cough ...			...	...	...	...	...	...	...	...	...	...
{ Diphtheria and Croup ...			...	...	...	...	...	...	...	...	...	...
{ Erysipelas ...			...	...	...	...	...	...	...	...	...	...
{ Tuberculous Meningitis ...			...	...	...	...	...	...	...	...	...	...
{ Abdominal Tuberculosis ...			...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases ...			...	...	...	...	...	...	...	...	...	...
{ Meningitis (not Tuberculous) ...			...	...	...	...	...	...	...	...	...	...
{ Convulsions ...			...	...	...	...	...	...	...	...	...	...
{ Pneumonia (all forms) ...			...	...	...	...	...	...	...	...	...	...
{ Bronchitis ...			...	...	...	...	...	...	...	...	...	...
{ Laryngitis ...			...	...	...	...	...	...	...	...	...	...
{ Diarrhoea and Enteritis ...			...	...	...	...	...	...	...	...	...	...
{ Other Digestive Diseases ...			...	...	...	...	...	...	...	...	...	...
{ Congenital Malformations ...			...	...	...	...	...	...	...	...	...	...
{ Premature Birth ...			...	...	...	...	...	...	...	...	...	...
{ Atrophy, Debility, and Marasmus ...			...	...	...	...	...	...	...	...	...	...
{ Atelectasis ...			...	...	...	...	...	...	...	...	...	...
{ Injury at Birth ...			...	...	...	...	...	...	...	...	...	...
{ Suffocation, overlying ...			...	...	...	...	...	...	...	...	...	...
{ Syphilis ...			...	...	...	...	...	...	...	...	...	...
{ Rickets ...			...	...	...	...	...	...	...	...	...	...
{ All other causes ...			...	...	...	...	...	...	...	...	...	...
TOTAL ...			...	...	...	...	...	...	...	...	...	...

Net Births in the year { Legitimate, 12.  
 { Illegitimate, 0.

Net Deaths in { Legitimate Infants, 0.  
 the year { Illegitimate Infants, 0.

**I.—RETURN of CASES of INFECTIOUS DISEASE  
notified, &c., during the Year ending  
31st December, 1912.**

**County of Berwick.**

**Burgh of Lauder.**

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
1	2	3	4	5	6	7	8	9	10	

**A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**

Typhoid or Enteric Fever ...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	1	...	...	1	...	...	...	...	1	...
Diphtheria and Membranous Croup ...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...
Continued Fever...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis up to July 31st, 1912 ...	2	...	...	...	...	1	1	...	...	2
<b>TOTAL ...</b>	<b>3</b>	...	...	<b>1</b>	...	<b>1</b>	<b>1</b>	...	<b>1</b>	<b>2</b>

**B.—NOT NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**

Pulmonary Tuberculosis after August 1st, 1912 ...	1	...	...	...	...	1	...	...	...	1
Measles ...	1	...	...	...	...	...	...	...	...	1

**STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.**

Gordon Combination Isolation Hospital.







